

SANDWICH C.U.S.D. #430 – INTERNAL SUBSTITUTION

Name _____ Date of Substitution _____

_____ Number of class periods

_____ What period(s) did you substitute?

Building _____

For whom did your substitute _____

Circumstance: Why was it necessary for you to perform the above duties, i.e., illness, meeting, etc.

Did class perform tasks that regular teacher planned: Yes _____ No _____

Administrative Comments: _____

Recommend payment _____ Do not recommend payment _____

Signature/Substituting Teacher _____

Signature/Principal _____

Signature/Superintendent _____